File with:

FOR INSTRUCTIONS, SEE BACK OF FORM

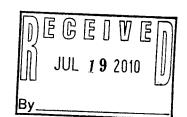
lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A

Des Moines, Iowa 50319 statements an electronically.

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.



COMMITTEE NAME (Must be same as on Statement of O	rganization)	1		
Comment to best JASON ROCK	- ,	FORM		
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Car Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	(2)State PAC (3)State Party	DR-2 (Rev. 12/2009) For Office Use On Comm. #	DISCLOSURE REPORT	
CANDIDATE COMMITTEES ONLY: Candidate Name JASA COMMITTEES ONLY:	Political Party (if applicable)	Logged in MVN Scanned Computer	MW 109.10.	
Office Sought Hanney Courty Sufficiency	District (if Senate or House)	Audited		
Late reports are subject to possible civil and criminal penalties. Find candidate's committee, and the chairperson, for any other type of	Ursuant to lowa Code sections 680: 704/70	and 68A.401(3), the car	didate, for a	
SIGNATURE OF PERSON FILING REPORT	712.644-359 Z TELEPHONE	7-19-10		
SIGNATURE OF PENSON FILING REPORT	TELEPHONE	DATE SI	GNED	
	REPORT FOR (1) ELECTION /(2	——————————————————————————————————————	NR.	
(report date)	Indicate by # [<i>L</i> J		
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.		al Committees, enter Dete of Election O - S - //) Inty & Local Committees, enter County in the Election is held Mariso		
STATEMENT OF CASH ON HAN	D	4	der Alien I EVA	
CASH ON HAND at the beginning of the reporting period. (T committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	cash on hand at the end	ALC S RAW FA	CAMPOION EXPES PAPI PENSIAM KNAS	
ADD TOTAL MONEY TAKEN IN THIS PERIOD		, ,,, ,,,-	. Mit of the from a billion to MA Mids that Por in foreign debine	
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Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 07/03)	MONETARY EXPENDITURES

CHECK THIS BOX IF
AMENDING FORM

COMMITTE	E NAME (Must be :	same as on Statement of Organization)		
<u></u>	AMMITTEE TO	ELEN JAS ROOKS		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTI	ION) AMOUNT EXPENDED
5.28-lo	ID# CK# *7639	SIGN DEPOT 1143 S HWY 30 BLAIR , ALE 6808	YAND SKINS	\$ 326 35%
	ID# CK#			
	ID#			
•	CK#			
	CK#		<u> </u>	
	CK#			
			SU TOTAL (If last page of this s	326 35/60 schedule) \$ 326 35/60
I HIS BOX AP	PLIES TO CANDIDA	ATES' COMMITTEES ONLY:		

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A 402(3)(i).)

	1	,
Page	of .	/

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Compared to Statement of Organization)

Reset Form

Check This Box if Amending form

Reset Form

Check This Box if Amending form

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Check This Box if Amending for Amending form

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DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	V IF FOR FUND-RAISER CONTRIBUTION
5-28-N	JASU ROOFU 122 WEST STL LOLAN, 10 SISTE	SELF	CAMPALN SILNS	\$ 326 %	
				;	
SUB-TOTAL TOTAL (if last page of this schedule)			326 35/L		

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter *not applicable* in the relationship column.

Page / of / (for Schedule E)